Kansas SHICK Client Counseling Contact Form

SHICK Counselor Name: _____

SHICK Counselor County: _____

SHICK Coordinating Agency Name: _____

Client Name: _____ First _____ Last

Client Zip Code: _____

Client County: _____

Date of Contact: _____ / _____ / _____ Month Day Year

Representative Name (if applicable): _____ First _____ Last

Beneficiary Phone Number: (_____) _____ – _____

First vs. Continuing Contact:
- ❑ First Contact for Issue
- ❑ Continuing Contacts for Issue

How Did Client Learn About SHICK: (Check only one)
- ❑ Previous Contact
- ❑ CMS/Medicare
- ❑ Presentations
- ❑ Mailings
- ❑ Another Agency
- ❑ Friend or Relative
- ❑ Media
- ❑ State Website
- ❑ Other

Method of Contact:
- ❑ Phone Call
- ❑ Face to Face at Counseling Location or Event Site
- ❑ Face to Face at Client's Home/Facility
- ❑ E-Mail
- ❑ Postal Mail or Fax

Client Primary Language Other Than English
- ❑ Primary Language Other Than English
- ❑ English is Client's Primary Language

Client Age Group:
- ❑ 64 or Younger
- ❑ 65 – 74
- ❑ 75 – 84
- ❑ 85 or Older

Client Gender:
- ❑ Female
- ❑ Male

Client Race-Ethnicity:
- ❑ Hispanic, Latino, or Spanish Origin
- ❑ White, Non-Hispanic
- ❑ Black, African American
- ❑ American Indian or Alaska Native
- ❑ Asian Indian
- ❑ Chinese
- ❑ Filipino
- ❑ Japanese
- ❑ Korean
- ❑ Vietnamese
- ❑ Native Hawaiian
- ❑ Guamanian or Chamorro
- ❑ Samoan
- ❑ Other Asian
- ❑ Other Pacific Islander
- ❑ Some Other Race-Ethnicity

Client Monthly Income:
- ❑ Below 150% FPL
- ❑ At or Above 150% FPL

Client Assets:
- ❑ Below LIS Asset Limits
- ❑ Above LIS Asset Limits

Receiving or Applying for: Social Security Disability or Medicare Disability?
- ❑ Yes
- ❑ No

»»»» CHECK ALL TOPICS IN THE SHADED AREA BELOW THAT APPLY TO THIS COUNSELING SESSION ««««

PRESCRIPTION DRUG ASSISTANCE

Medicare Prescription Drug Coverage (Part D):
- ❑ Eligibility/Screening
- ❑ Benefit Explanation
- ❑ Plans Comparison
- ❑ Plan Enrollment/Disenrollment
- ❑ Claims/Billing
- ❑ Appeals/Grievances
- ❑ Fraud and Abuse
- ❑ Marketing/Sales Complaints or Issues
- ❑ Quality of Care
- ❑ Plan Non-Renewal

Part D Low Income Subsidy (LIS/Extra Help):
- ❑ Eligibility/Screening
- ❑ Benefit Explanation
- ❑ Application Assistance
- ❑ Claims/Billing
- ❑ Appeals/Grievances

Other Prescription Assistance:
- ❑ Union/Employer Plan
- ❑ Military Drug Benefits
- ❑ Manufacturer Programs
- ❑ State Pharmaceutical Assistance Programs
- ❑ Other (Specify) _____

MEDICARE (Parts A & B):
- ❑ Eligibility
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Appeals/Grievances
- ❑ Fraud and Abuse
- ❑ Quality of Care

Medicare Advantage (HMO, POS, PPO, PFFS, SNP, MSA, Cost):
- ❑ Eligibility/Screening
- ❑ Benefit Explanation
- ❑ Plans Comparison
- ❑ Plan Enrollment/Disenrollment
- ❑ Claims/Billing
- ❑ Appeals/Grievances
- ❑ Fraud and Abuse
- ❑ Marketing/Sales Complaints or Issues
- ❑ Quality of Care
- ❑ Plan Non-Renewal

Medicare Supplement/Select:
- ❑ Eligibility/Screening
- ❑ Benefit Explanation
- ❑ Plans Comparison
- ❑ Claims/Billing
- ❑ Appeals/Grievances
- ❑ Fraud and Abuse
- ❑ Marketing/Sales Complaints or Issues
- ❑ Quality of Care
- ❑ Plan Non-Renewal

Status:
- ❑ General Information and Referral
- ❑ Detailed Assistance – In Progress
- ❑ Detailed Assistance – Completed
- ❑ Problem Solving/Resolution–In Progress
- ❑ Problem Solving/Resolution–Completed

Total Time Spent on This Contact Date:

_____ Hours _____ Minutes

Medicaid:
- ❑ Medicare Savings Program (MSP) Screening (QMB/SLMB/QI)
- ❑ MSP Application Assistance
- ❑ Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
- ❑ Medicaid Applications Assistance
- ❑ Medicaid/QMB Claims
- ❑ Fraud and Abuse

Other:
- ❑ Long Term Care (LTC) Insurance
- ❑ LTC Partnership
- ❑ LTC Other
- ❑ Military Health Benefits
- ❑ Employer/Federal Employee Health Benefits
- ❑ COBRA
- ❑ Other Health Insurance
- ❑ Other (Specify) _____

MIPPA

MIPPA Client (Circle One) 1 2 3

1-LIS Application

2-MSP Application

3-LIS and MSP Applications

State Special Use Fields

PDP/MA-PD $ Before: _____

PDP/MA-PD $ After: _____

Drug List ID: _____

Password Date: _____

PDP/MA-PD Notes: _____